

(Place District or Agency Name here) 2003-2004 APPLICATION for FREE and REDUCED-PRICE MEALS in the STATE MEAL PROGRAM Please complete, sign and date, and return this application to your child(ren)'s school. For additional instructions refer to the <u>Letter to Households</u> provided with this form.				FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION							
				FREE		REDUCED		DENIED		Categorically Eligible: Food Stamps, CalWORKs, KinGAP, or FDPIR Benefits	
				ZERO INCOME. TEMPORARY FREE UNTIL: _____ (45 CALENDAR DAYS FROM DATE OF THIS DETERMINATION):							
				YRE TRACK:		HOUSEHOLD SIZE:		HOUSHOLD INCOME:			
				DETERMINING OFFICIAL:						DATE:	

SECTION A. CHILDREN IN YOUR HOUSEHOLD – Complete this section for all children in your household				Does child receive Food Stamp, (FS), CalWORKs, KinGAP, or FDPIR Benefits?		Is this a FOSTER CHILD?		FOR SCHOOL USE ONLY	
Student / Child Information									
Last Name	First Name	School	Grade	Write "Yes" or "No"	If "Yes," write the FS, CalWORKs, KinGAP, or FDPIR case No. below	Write "Yes" or "No"	If "Yes," enter the child's monthly personal-use income.	STUDENT ID #	

SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you entered a Food Stamp, CalWORKs, KinGAP, or FDPIR case number for **each** child in Section A, or if this application is for a foster child, and you entered monthly personal-use income, go to the signature block below in Section C. **OTHERWISE, List all adult household members**, regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month. If any amount last month was more or less than usual, enter the usual monthly income. Also, list any income received by or for a child from full-time or regular part-time employment, SSI, or Adoption Assistance. **SIGN THE APPLICATION IN SECTION C.**

Full Name	Gross earnings from work (before deductions) include all jobs	Pension, Social Security, retirement	CalWORKs benefits, child support, alimony payments	Any other monthly income	FOR SCHOOL USE ONLY Total monthly income

SECTION C. FOR ALL HOUSEHOLDS, READ THIS SECTION AND SIGN BELOW:
California Education Code Section 49557(a) Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.

 I certify below that the information on this application is true and correct and that all income is reported. I understand that this information is provided in connection with the receipt of State funds, that school officials may verify the information on the application at any time, and that deliberate misrepresentation of any information may subject me to prosecution under applicable State laws.

Signature of adult household member who completed this form:		Telephone No:	Date:
Printed name of adult household member who completed this form:		Social Security Number (write "none" if N/A):	
Mailing Address:		City:	Zip:

SECTION D. CHILDREN'S RACIAL and ETHNIC IDENTITIES (optional)
(please mark the racial/ethnic designation which most closely reflects the individual students listed on this application):
 : ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African-American ☐ Filipino ☐ Hispanic ☐ Native Hawaiian or other Pacific Islander ☐ White (not Hispanic)

This is an equal opportunity program.
 If you believe you have been discriminated against because of race, color, ethnic/national origin, age, sex, or disability, you should immediately contact Eva Lopez-Contreras, Civil Rights/Complaint Coordinator, Nutrition Services Division, at (916) 445-6775, (800) 952-5609, confidential fax (916) 323-2468, or at elopez@cde.ca.gov.